24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends report f	filed on Man / Dad / Yaryary
Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination
		01 25 2016
Mailing Address PO Box 591790		Amount
City State	Zip Code	700.00
San Antonio TX	78259-0139	Transaction ID : D709360 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	01 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District:00
BERNARD SANDERS		President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:
Full Name of Payee	,	Date of Public Distribution/Dissemination
Clear Channel Outdoor		01 25 2016
Mailing Address PO Box 591790		Amount
City State	Zip Code	950.00
San Antonio TX	78259-0139	Transaction ID : D709361 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	01 13 / 2016
Name of Federal Candidate	Support O	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Oisbursement For: X Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	• • • • • • • • • • • • • • • • • • • •
	ically Filed] Date	01 26 Y 2016
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

· · · · · · · · · · · · · · · · · · ·			FOR SE OF FORM 24/48		
AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patient Protection			C C00490375		
theck if X 24-hour report 48-hour report New rep	port Amends repor		M / D D / Y D Y D		
Full Name of Payee		Date o	f Public Distribution/Dissemination		
California Nurses Association			01 25 Y Y Y Y Y Y		
Mailing Address 2000 Franklin Street		Amour	nt		
City State	Zip Code	- [50.00		
Oakland CA	94612		action ID : D709354 If Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	M	01		
Name of Federal Candidate	Support	Office Sought	:: House District:00		
Bernie Sanders	Oppose	X Preside	nt Senate State: DC		
Calendar Year-To-Date		Disbursement	For: Primary General		
Per Election for Office Sought	1000.00		her (specify) -		
Full Name of Payee California Nurses Association			of Public Distribution/Dissemination		
Mailing Address 2000 Franklin Street			01 22 2016		
		Amour	nt		
City State	Zip Code		50.03		
Oakland CA	94612		ction ID: D709355 of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	M	01 26 7 2016		
Name of Federal Candidate	Support	Office Sought	t: House District: 00		
BERNARD SANDERS	Oppose	X Preside	ent Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought	1510.03	Disbursement 2016 Ot	t For:		
(a) SUBTOTAL of Itemized Independent Expenditures		.	100.03		
(b) SUBTOTAL of Unitemized Independent Expenditures		•			
(c) TOTAL Independent Expenditures		•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	nically Filed] Date	01 /	26 2016		
Signature					

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼		
Trational reduces officed for a attent a folection	C C00490375		
Check if Z 24-hour report 48-hour report New report Amends report	rt filed on		
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination		
	01 26 2016		
Mailing Address 2000 Franklin Street	Amount		
City State Zip Code	460.00		
Oakland CA 94612	Transaction ID : D709356 Date of Disbursement or Obligation		
Purpose of Expenditure Site Rental Category/ Type	01		
Name of Federal Candidate Support	Office Sought: House District:00		
BERNARD SANDERS Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:		
Full Name of Payee	Date of Public Distribution/Dissemination		
California Nurses Association	01 26 / Y Y Y Y Y Y		
Mailing Address 2000 Franklin Street	Amount		
City State Zip Code	900.00		
Oakland CA 94612	Transaction ID: D709357 Date of Disbursement or Obligation		
Purpose of Expenditure Site Rental Category/ Type	01 26 / 2016		
Name of Federal Candidate Support	Office Sought: House District: 00		
BERNARD SANDERS Oppose	President Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 1600.00	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	1360.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	>		
(c) TOTAL Independent Expenditures	·		
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.			
Carolyn Hietamaki [Electronically Filed] Date	01 26 2016		
Signature			

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ochedule Ly				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patien	ii F10l U ClION			C C00490375
Check if 24-hour report 48-hour repor	t New repo	ort Amends repo	rt filed on	*M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
California Nurses Association				01 25 / Y Y Y Y Y Y Y
Mailing Address 2000 Franklin Street			Amour	nt
City	State	Zip Code		50.00
Oakland	CA	94612		action ID : D709358 of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type	M	01 26 / 2016
Name of Federal Candidate		Support	Office Sought	t: House District: 00
BERNARD SANDERS		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought		1510.03	Disbursement 2016	
	7			ther (specify)
Full Name of Payee Autumn Press			M	of Public Distribution/Dissemination
Mailing Address 945 Camelia St			Amour	01 26 2016 nt
City	State	Zip Code	$ $ \Box	1789.93
Berkeley	CA	94710-1437		ction ID: D709359 of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	М	01
Name of Federal Candidate		X Support	Office Sough	t: House District: 00
Bernie Sanders		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought		1839.93	Disbursement 2016 Of	t For:
(a) SUBTOTAL of Itemized Independent Expen	nditures		· [1839.93
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7
(c) TOTAL Independent Expenditures			•	4949.96
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Carolyn Hietamaki	[Electron	ically Filed] Date	M M /	26 2016
Signature		_ · · · Date	النتا	

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